

low death-rate (13.77 per 1000) is reported during 1881. Zymotic disease appeared in various parishes, but in no instance did it spread or assume the character of an epidemic. Typhoid fever was somewhat prevalent, and in almost all the cases Mr. Harper found its presence to be due to unsanitary surroundings, chiefly to an impure water supply. At the middle of the year small-pox was imported into the district, but the active measures adopted for revaccination and isolation, prevented any extensive spread of the disease. During the year, 13 cases of infectious disease were admitted into the hospital, seven of which were suffering from scarlet fever, and four from small-pox. There were no deaths amongst the hospital patients. The public supply of water was extended, and proceedings taken to secure the due observance of the Public Health (Water) Act. Sewer ventilation, however, seems to be in a defective condition, and the health-officer regrets that the sewers, which have been laid from time to time in the various villages, have not received a necessary amount of attention in their ventilating arrangements. The result is, Mr. Harper observes, that it is impossible to keep out of houses the accumulated gas of half a mile of sewers, all the more dangerous as it may be the bearer of infectious matter. In one village, where there are over 2,200 yards of sewers, only one four-inch ventilating shaft is provided. The subject of sewer ventilation is, indeed, one of the utmost importance, and the sanitary authority would do well to give the matter their serious consideration.

BRENTFORD.—During 1881 a total of 214 deaths were registered in this district, representing a death-rate of 18.0 per 1,000 of population. To the zymotic class 23 deaths were referred, against 27 in the previous year, and 45 in 1879. Diarrhoea accounted for 11 deaths, all of which occurred between June and October, 9 being in children under 5 years of age. The absence of isolation accommodation for cases of infectious disease was severely felt during the prevalence of small-pox at a time when all the hospitals were full, and all but 4 cases occurring in the district had to be isolated at home. From typhoid fever there were 4 deaths registered, from measles 4, from whooping-cough 2, and from small-pox 1. Of this latter disease, 15 cases happened during the year, and Mr. Williams, in detailing the measures taken by him for preventing its spread, refers to the broadcast distribution of copies of the National Health Society's pamphlet on the Facts concerning Vaccination, which was issued with the approval of the Local Government Board, after revision by them. At the time of the report the sewerage scheme was under the consideration of the Central Board, to whom the authorities have applied for a loan to complete the system. Mr. Williams expresses the hope that the sewerage of the district will be completed in a reasonable time, as the numerous cesspools at present in use are a frequent source of nuisance. An important change for the better was made by the substitution of a constant supply of water in place of the intermittent system formerly in use. At the close of the year 1,037 houses were being supplied from the public supply, out of a total of 2,259. The scavenging appears to be efficiently carried out, and other sanitary work of a routine character regularly performed.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

Electors to Professorships.—At a Congregation held on December 10th, the following were appointed Electors, under the new University Statutes, to the undermentioned Professorships. *Anatomy*: Mr. W. H. Flower, Hunterian Professor of Comparative Anatomy; Dr. Allen Thomson; Professor Paget; Professor Huxley; Dr. Michael Foster; Professor A. Newton; Professor Livinge; Mr. J. W. Clark, Trinity. *Dominic Professorship of Medicine*: Sir George Burrows, Gonville and Caius; Dr. F. J. Farre, St. John's; Dr. T. Lauder Brunton; London; Dr. Richard Quain, London; Professor Paget; Professor Livinge; Professor Humphry; Mr. P. T. Main, St. John's. *Pathology*: Sir James Paget; Professor Latham; Dr. J. F. Payne, Oxford; Dr. Michael Foster; Professor Humphry; Professor Paget; Dr. W. H. Gaskell, Trinity; Dr. J. Burdon Sanderson, Professor of Physiology, Oxford.

COTTON-SEED IN SPASMODIC CROUP.—Dr. G. L. Gray, in *Misc. Val. Med. Monthly*, states that he has used this remedy successfully. Take a handful of seed, bruise them, boil in a quart of water for a few minutes, let it stand a short time, strain, sweeten, and, when cool enough, give the patient all he will drink, or, if necessary, pour it into the child. The relief is generally prompt, and, sometimes, without emesis. If persisted in, it produces free emesis. Dr. Gray also states that he has used the remedy with benefit in two cases of asthma.

OBITUARY.

SIR THOMAS WATSON, BART., M.D., F.R.S.

FEW men in any profession have descended to the grave honoured, beloved, and respected in a higher degree than Sir Thomas Watson. Throughout a career of professional activity, prolonged to the utmost limits which the conditions of life allot to man, he attracted to himself admiration, regard, and respect: admiration of his rare combination of mental qualities and gifts, of his wide professional knowledge and attainments, his power of exposition as a lecturer, his keen clinical insight and practical sagacity, his rich and readily available stores of well classified experience, his accuracy of thought and felicitous clearness of expression, his success as a practitioner, his brilliant powers as a teacher and his unrivalled faculty of smooth, apt, and copious diction as a writer; regard and respect for his serene and gentle temper, his modest dignity, his benevolent kindness, his unfailing clearness of judgment in the complicated relations of the life of a physician in large practice; and again as a professional leader to whom reference was constantly made in the troublous questions of professional etiquette and professional policy, as the head of a great college, distinguished for its conservative traditions, for its reputation for learning and for the important interests under its charge, and passing through periods of active development and critical change. Singularly accessible to all who sought his aid or his advice; adverse, from natural tenderness to inflict pain, or even a shade of disappointment, by word or deed; with a mind peculiarly open to argumentative conviction, and of that thoughtful cast which saw quickly the objections to, as well as the reasons for the conclusions which were pressed upon him, Sir Thomas Watson possessed a character and a disposition which did not allow him to pass through professional life wrapped up in his own peculiar work and satisfied with attention to the merely scientific details of his profession, or the rigid performance of his own special daily duties, and the fulfilment of his own personal ideal of work or of happiness. Nothing that happened, in the professional world, of human or scientific importance was alien to him; and there are few men among his contemporaries who have not at one time or another come to him for advice and guidance; and, of all who came, there is perhaps not one that left without a feeling of increased confidence in his elevated judgment, in his great knowledge, and his singular wisdom. Conciliatory to the utmost bounds of kindness, he was never open to the charge of favouring compromise; and thus he retained, in a peculiar degree, the confidence and respect of all classes of the profession. In him, the College of Physicians found a leader never unmindful of its dignity, but sensible of the importance of changes in its constitution which many thought revolutionary. The consulting physician saw in him a typical representative of the dignity of the class; the general practitioner recognised also a sentiment of professional fraternity and a consciousness of the claim of universal brotherhood of medicine, which kept always in the foreground that basis of democratic equality which is the keystone of the heart of professional strength and unity. It is rare indeed to find any man of whom it may be said as of him that there is not one man in the profession who would at any time have declined to have accepted Sir Thomas Watson's judgment on any personal or professional question as final. His sense of justice, his habitual reference of all questions of detail to unassailable principle, his flexibility of mind, and his quick perception of character, gave him a rare but well-justified ascendancy over even the ablest of his contemporaries; and while Sir Thomas Watson practiced his profession he was, during a long period, recognised, without dispute, as its leader. During the later years of his life, and long after he had retired from practice, he continued to display a keen interest in professional affairs, and was still an eager student of its literature. The opinions which he formed were always provisional—formed upon the best evidence then available, but subject to revision. The last edition of his celebrated Lectures testify to his rare gift of judicial impartiality, and to the admirable candour and philosophic modesty with which he revised and altered the conclusions of earlier years, and the unflinching courage with which he avowed such changes of opinion. Among the most notable instances of such change were the new convictions which he accepted as to the change of type in disease, and as to the pathology of cholera. In both instances, he had watched with careful study the progress of medical knowledge, and in neither did he hesitate, at the close of the controversies to which they gave rise, to declare himself convinced in a sense contrary to his former opinion, and to set forth

with the utmost clearness and graceful simplicity the new conclusions to which he had been led. Still more recently, he took occasion to study afresh the relation of vaccination to small-pox, in the light of the discussion which took place at the Conference of the British Medical Association, the subject of animal vaccination, and subsequently to avow in these columns his conversion to the opinions which we had advocated as to the relation of vaccine lymph to cow-pox lymph; to withdraw the opinions expressed in his lectures, and to accept the conclusions which we had advocated. (See BRITISH MEDICAL JOURNAL, vol. i, 1880, pp. 109 and 346.)

In Sir Thomas Watson the Association loses one of its most revered and respected members, and one of its warmest friends and admirers; and we lose a most frequent correspondent, one to whose unflinching kindness, to whose generous aid, to whose eloquent pen and to whose friendly correspondence we have for many years owed personally a debt of gratitude and admiration.

Sir Thomas Watson's private letters were models of epistolary composition, not only in their singular elegance of expression, and their aptness and felicity of thought, but conspicuously in the unflinching courtesy, in the unassuming, unaffected, and natural modesty, and in the generous kindness of the language in which they were invariably couched. The gentle sweetness of expression, the modest dignity of demeanour, the intelligent kindness which beamed from every feature translated the natural character of the man, and it will be long before the recollection of so sincere a friend, so perfect a gentleman, so accomplished a physician, and so true a councillor will fade from the recollection of those on whose minds they have been impressed by personal intercourse.

The late Sir Thomas Watson was born on the 7th of March, 1792, at Monrath (now Dulford) House in the parish of Broadhembury, near Cullompton, Devonshire. The register of his birth is in the adjoining parish of Kentisbere. He received his early education at the Grammar School of Bury St. Edmunds, and in 1811 was admitted a pensioner of St. John's College in the University of Cambridge, where he took the degree of B.A. as tenth wrangler, in January, 1815. Two years later he was elected a foundation Fellow of St. John's College, and in the course of the next year took the degree of M.A. He did not begin the study of medicine until the somewhat late age of 27 years, when he commenced his studies at St. Bartholomew's Hospital under the late Mr. Abernethy, who was his friend as well as teacher. During the session of 1820-21 Mr. Watson prosecuted his studies at some of the medical classes in the University of Edinburgh, and then returned to Cambridge, in which University, in 1823-4, he held the office of junior proctor. In the following year he took the degree of Doctor of Medicine, and married the daughter of Edward Jones, Esq., of Brackley, in Northamptonshire, whom he had the misfortune to lose five years after their marriage, and three days subsequently to the birth of their second child. Soon after his marriage Dr. Watson commenced practice as a physician in the same street (Henrietta Street, Cavendish Square), though not in the same house, in which he lived fifty-seven years. In 1826 he became a Fellow of the Royal College of Physicians, and in the following year, on the resignation of Dr. Southey, was elected Physician to the Middlesex Hospital. In 1828, when University College was opened, and during the following two years, Dr. Watson, as Professor of Clinical Medicine, in 1831, gave lectures on the cases of disease which came under his care in the wards of the Middlesex Hospital. He resigned the Chair of Clinical Medicine in 1831, and was appointed Professor of Forensic Medicine in King's College.

In this year, his first contribution to medical literature appeared in the *Medical Gazette*, vol. ix., 1831, entitled Remarks on the Dissection of Bishop, and the Phenomena attending Death by Strangulation. The notorious Bishop murdered an Italian organ-boy, and then took his body to the dissecting-room of King's College for sale. He was subsequently hanged for the crime, and his body was sent to the same institution for dissection. Hence Dr. Watson's lecture on the subject. From that time Dr. Watson was a frequent contributor to the *Medical Gazette*, and in vol. ix. of that publication will be found clinical lectures on pulmonary hæmorrhage and on epilepsy. Vol. x. contains the Lumleian lectures on hæmorrhage from the stomach, intestines, and urinary organs. In the thirteenth volume will be found a brilliant introductory lecture, delivered on the occasion of the opening of the medical session at King's College. In the fifteenth volume, appears a paper on the efficacy of the vapour-bath in cases of diabetes. The sixteenth volume contains two lectures on rheumatism of the heart, and a paper on the connection of hypertrophy of the heart with cerebral and pulmonary hæmorrhage. Dr. Watson's private practice had continued to grow and prosper; and a proof of the estimation in which he was held is found in the circumstance, that to him was intrusted the care of Sir Walter Scott, on his last voyage from London to Edinburgh. In

1836, on the resignation of Dr. Francis Hawkins, Dr. Watson was appointed Professor of the Principles and Practice of Medicine; and, whilst performing the duties of this position, he first delivered, during the session of 1836-37, those *Lectures on the Principles and Practice of Physic* which take first rank amongst the standard classics of medicine. It may be convenient to our readers to be reminded that these lectures were originally published, week by week, in the *Medical Gazette*. The first lecture appeared on September 25th, 1840 (vol. xxvii), and the last of the series on September 23rd, 1842 (vol. xxx). They have, however, been widely circulated throughout the profession, in a more convenient form, by their collection and publication, in two volumes, by Messrs. J. W. Parker and Son, West Strand. Four editions of the work have since been published, the last bearing the date of 1871.

These lectures have, for nearly half a century, held their ground as the classical authority in the science and practice of medicine in all English speaking countries. Like Graves and like Trousseau, he added the charm of eloquence to the solid merits of extensive learning, great clinical experience, sound judgment and fertility of resource in the expedients of therapeutic practice. The language he used was clear, simple, and familiar; full of apt illustration and happy example, well balanced, marked frequently by striking and unexpected turns of thought, and disdaining neither touches of pathos nor of humour to to enforce a conclusion, or to illustrate an opinion. Many a student, taking up the volumes of lectures with ominous anticipations of weary and toilsome reading, has rejoiced to find them as attractive as a romance, and more instructive than a manual.

The following extract, which was chosen some years since by an earlier biographer of Sir Thomas Watson, to whom we are indebted for many details of his life, is an excellent example of the clearness, simplicity, and dignity of his manner of thought and expression. It treats of an important question in medical ethics. "Our influence over a sick person, and the efficacy of many of our remedial measures, are remarkably increased by our evident acquaintance with the nature of his complaint, and by the reliance which he, therefore, places on our skill and judgment. It is often of material consequence, in another point of view, that the fatal character of a disease should be plainly perceived. A sick man made aware of his danger, is furnished with a motive and an opportunity for arranging his worldly affairs, in the settlement of which the future comfort and happiness of his family may be very deeply concerned; for making his will, and for more solemn preparation for the awful change that awaits him. For these reasons, physicians have in all periods endeavoured to read in the phenomena presented to them by diseases the event to which these diseases severally tend. To form an accurate opinion on this head is, however, one thing, and to divulge it another. There is always some hazard of losing, instead of gaining credit by strong statements and confident predictions of the death or the recovery of a patient. If you give an unfavourable prognosis, you incur the risk of losing your patient altogether; his friends argue, very naturally, that you are not infallible; that you may be wrong; that if you know of no means of safety for him, some other practitioner may; and they will grasp at whatever straw comes near them. Do not suppose that this is merely a selfish view of the matter; it is often of much moment to the patient himself that he should not be tempted to put his life under the charge of impostors, who will feed his hopes, and promise largely, and torture him perhaps with their discipline, and have no mercy on his pocket. . . . There are other reasons, too, why we must sometimes conceal the truth from our patients. It often happens that a person is extremely ill, and in great danger, but may yet recover if he is not informed of his peril. To agitate a person in these circumstances by telling him that he is likely to die, is to lessen, perhaps to destroy, his chance of recovery. You kill him if you take away his hope of living. It must be confessed that the duty of the medical man in these cases is very painful and embarrassing; the patient and the patient's friends are urgently inquisitive to know whether there is any danger, or whether he is not yet out of danger. The rule which I have always adopted in circumstances of this perplexing kind, when I see clearly that the case is hopeless of cure, is to fix, as well as I can, upon that person among the family or friends of the patient, to whose prudence the real state of the matter may be most safely confided. If I think that there is a possible chance of recovery, and that a knowledge of his danger by the patient would diminish that chance, of course I urge the necessity of speaking to him with assumed cheerfulness and confidence. If I see that the case is absolutely and inevitably mortal, either soon or at some little distance of time, I leave it to the discretion of the person with whom I communicate to disclose or conceal my opinion as he or she may think best. There are, I believe, practitioners who make it a point, on principles of worldly policy, never to speak despairingly of a patient; but I cannot regard such a rule of

conduct as honest or justifiable, or consistent with one's Christian duty." (*Lectures on the Principles and Practice of Physic*, 2nd. edition, vol. i, p. 109 et seq.)

In 1840, when the hospital in connection with King's College was established, Dr. Watson declined to give up his office of physician to the Middlesex Hospital, which would have been necessary if he had decided to retain his chair at King's College, and therefore retained the former position until 1844, when the increase of his private practice necessitated the relinquishment of his public position. In 1859 Dr. Watson received the unsolicited honour of being appointed Physician Extraordinary to the Queen in 1859, and in 1861 it became his sad duty to attend the Prince Consort in conjunction with Sir James Clark, Sir Henry Holland, and Sir (then Dr.) William Jenner, during his last illness. In 1866, Dr. Watson was created a baronet, the honour having been offered to him by the express desire of Her Majesty. At the College of Physicians, Sir Thomas Watson held numerous offices before he was elected President. In 1827, he was Gulstonian Lecturer; in 1830-31, Lumleian Lecturer; in the years 1833, 1834, and 1835, he gave the College Lectures on *Materia Medica*; he was Censor in 1828, 1837, and 1838; and on the Council at various times between 1833 and 1868. From 1858 to 1860, he was the College representative on the Medical Council; in 1862, he was elected President, and held that office for five successive years. The Council would have gladly elected him for a sixth period of office, but he declined the honour on the plea of advancing years.

The details of the last illness of Sir Thomas Watson have been given in recent numbers of the *BRITISH MEDICAL JOURNAL*. His funeral, which took place on Friday, December 15th, was attended by a representative gathering of his professional friends; but it will be no exaggeration to affirm that, notwithstanding his advanced age, which daily brought the event nearer to the minds of men, the death of Sir Thomas Watson has left a sense of individual loss and grief in the minds of the profession at large, even in those who only knew the lamented Nestor of the medical profession through the medium of his immortal writings.

We have selected the subjoined correspondence as a good illustration of the reluctance with which Sir Thomas Watson allowed himself to be drawn into anything like controversy; and, when circumstances necessitated such a course, of the mingled gentleness, firmness, and authority with which he expressed himself. The circumstances are as follows.

Shortly after Mr. Liston's death, a letter appeared on December 18th, 1847, by Dr. C. J. B. Williams, headed "The Physical Signs of Disease in the Case of the late Mr. Liston." Dr. Williams says that, having seen and heard it stated in many quarters that there were no physical signs of disease detected in the chest of his lamented colleague, he thought it right for the credit of physical diagnosis, as well as in justice to himself, to make known the result of his own examination of the case, as recorded in his own note-book. This was to the effect that he had noted a "marked dulness above the left clavicle and scapula (on strong percussion), large tubular breathing, and voice sound in the same space, tubular respiration above upper inner angle of right scapula." This in connection with his previous disease, he considered "most alarming," but he adds, "it saves me from self-reproach that I never said anything to countenance his disposition to make light of his malady, but uniformly asserted my conviction of its serious character." Dr. Williams visited Mr. Liston the second and last time in November, and expressed in his letter his regret that Mr. Liston did not follow his advice "in any particular," but "got relieved by strong exertion in riding a restive horse, which promoted expectation." He adds, "after this, I did not see my professional friend, as he placed himself under the care of physicians, who both before and after this period found no physical signs of disease, and who, therefore, took a more favourable view of the case than I did; the result is known, and I make no further comment on it."

Dr. Watson replied, calling attention to the injustice done to him and Dr. Forbes by the insertion of the last paragraph, and pointed out that Dr. Williams was "quite wrong in supposing and stating" that they (Dr. Watson and Dr. Forbes) had found no physical signs of disease, and had taken a more favourable view of the case than Dr. Williams had; that, on the contrary, both he and Dr. Forbes had been throughout aware of the symptoms stated in Dr. Williams's letter. Dr. Watson pointed out that the whole tenour of Dr. Williams's letter was such as to lead the unacquainted to infer that they had not done as he would have done, warning the patient, and "countenanced his disposition to make light of his malady." Dr. Watson concluded by saying: "Was it courteous or even fair to publish these statements without previously ascertaining from one or the other whether the facts of the case really were as you understood them? Would it have been charitable or generous so to exhibit our mistakes, even if you were sure

that we had made them? Do you, indeed, believe that if our lamented friend had been entrusted solely to your care, and could have been induced implicitly to obey your directions, the fatal 'result' of this disease would have been prevented? One more question I venture, in perfect amity, to propose for your calm consideration. Is it consistent with your character and your high rank in our profession—with your office (which presents you as an example to so many) in one of our great metropolitan schools of medicine—thus publicly and needlessly under profession of a zeal for science to proclaim your own superior sagacity and (by implication) the comparative ignorance or unskilfulness of others, your contemporaries pursuing, in the same place, to the best of their humbler abilities, the same vocation with yourself, and, in this instance, engaged in the peculiarly anxious duty of ministering to the relief of a professional brother? Would Baillie or Heberden have done this?"

This brought a letter from Dr. Williams retracting the passages complained of, and, finally, Dr. Watson's "letter of satisfaction".

"Letter of Satisfaction from Dr. Watson to Dr. Williams."

"Dear Dr. Williams,—I thank you for your candid, temperate, and satisfactory letter of explanation. If (as I am glad to know from your assurance) I misconstrued the meaning and spirit of your letter in the *Lancet*, my excuse must be that I did so in common with every one of those who have spoken to me about it—and they have been many.

"Indeed, it was the interpretation upon it by some of my friends that first brought the letter under my own notice. It was especially the paragraph, which you so frankly retract, with the addition of the next little sentence—"the result is known, and I make no further comment on it"—that (as it seemed to me) gave force and point to all which had preceded. But for this paragraph, I should not have thought of troubling you with any expostulation on the subject. I assure you that I did not know, until I saw it so stated to you in the *Lancet*, that "Mr. Liston had first sought your aid," or that he had formally consulted you at all. On the very morning of the hæmorrhage he sent me a message, simply requesting that I would call on him. I did so on my first going out, and found him recovered from the faintness produced by the loss of blood. But I was not then, nor at any time, informed that he had previously sent for you. I became aware, indeed, at a much later period, that his chest had been once examined by yourself, as well as by another physician, also his colleague in University College. But I believed that these examinations had been casually made upon some occasion of your officially meeting together. Had I known that Mr. Liston had desired your counsel in the first instance, I should have been, not willing merely, but anxious, in a case so painfully responsible, to obtain the comfort and advantage of your valuable assistance.

"Let me assure you, finally, that if, writing to you as I did, upon the spur of the occasion, I transgressed the just limits of self-defence, or so expressed myself as to cause unnecessary pain to your feelings, I am sorry for having done so. I trust, also—and, on my own part, am assured—that what has occurred in this very distressful matter will not be suffered to impair the mutual respect and goodwill which had hitherto subsisted between us.—I remain, yours truly,

THOMAS WATSON."

The following personal recollections of Sir Thomas Watson, from the pen of an intimate personal friend, give interesting illustration of his pleasant social qualities and happily family life.

"Sir Thomas Watson was a great friend of Bishop Blomfield, Lord Hatherley, Rogers, the poet, Mr. Richmond, the R.A., and Herschel (his old college friend), and used to give very pleasant small dinner parties in former days. On the walls of his dining-room was a portrait of himself in oil, after the one now in the Censors' room of the College of Physicians, painted by Mr. Richmond; also a drawing of the portrait of Rogers, by the same artist.

"Of late years, when he had more leisure in the mornings, he was always pleased to receive a visit from any friend, with whom he would talk over the past, brimming over with humorous anecdote referring to his personal experience of men and manners in general. For some time back, he was often found, towards the latter part of the morning, reposing on a couch, with a small jug of fresh milk ready by his side. He was eminently social in his tastes, and remarkably attached to his children and his four grandchildren, whose photographs and artistic handywork he prided himself on pointing to on the walls of his consulting-room, where, amidst books and papers, was the cast of the large bust of Æsculapius, which exists in the British Museum.

"It is stated that his father and mother died in the same parish in which Sir William Gull's family lived, and Sir Thomas has himself stated that his mother was, as a child, at the same dame's school as was Nelson, in Norfolk."

The following are a few of the many anecdotes which we remember to have heard from Sir Thomas Watson's lips.

When attending Lawrence, the great surgeon, when he had hemiplegia with aphasia, it was thought desirable to give to the patient some sedative. Lawrence, knowing this, and wishing to indicate what remedy he desired, was unable to find the word he wanted, and became greatly agitated in consequence. Sir Thomas Watson got pen, paper, and ink, and asked him to write the word. This he could not do, but, taking the pen full of ink, made a large splash on the paper, and offering it to those at his side. Sir Thomas Watson at once perceived the drift of this, and saw that his patient wished for the "black drop," a discovery which greatly delighted and satisfied Lawrence. Once, when dining at a large dinner party where Lawrence and Brodie were, the former remarked that Abernethy was the only genius in surgery he had ever seen.

Sir Thomas, in relating some of his professional experiences, used to mention the extensive amount of venesection which he had witnessed, relating an instance in which a man in Edinburgh was bled to seventy ounces by a clinical clerk, and with benefit, having been told to let blood until a sensible alteration was produced on the pulse.

He remembered the following as having happened. When at the Middlesex Hospital, he once saw a chimney-pot fall to the ground, and out of it jumped a sweep-boy, who immediately ran away, unhurt, for fear of being beaten.

He used to relate that, after a letter of his in the *Times* on the cattle-plague, some one wrote to him from Norwich to ask him to come down and vaccinate his cattle. Watson replied "he did not know how."

Once, when dining in company with Mr. Richmond, and the conversation turning upon sporting, the latter said, "Well, he had never put a gun to his shoulder, and supposed that by not shooting he *missed a good deal*." Watson replied that, "if he did shoot he probably would *miss a good deal more*."

He told the story of some one at a medical dinner party asking another, "Well, what's the news?" "Oh," said his friend next to him, "Dr. Jones has refused a fee, Dr. Smith has taken one, and Dr. Smithson has had one offered to him."

Lord Hatherley used to say that when at Cambridge he paid his fees to Watson, who was then proctor (being a layman), dressed in a blue coat with brass buttons.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—M.B. Examination, 1882. Examination for Honours.—Medicine.

First Class.

King, David Alexander (Scholarship and Gold Medal), St. Bartholomew's Hospital.

Wooldridge, Leonard Charles, D.Sc. (Gold Medal), Guy's Hospital.

*Harris Thomas, Owens College.

Collingwood, David, University College.

Adeney, Edwin Leonard, Guy's Hospital.

Wilkinson, William Camac, B.A. Sydney, University College.

Honeyburne, Richard, Liverpool Royal Infirmary and University College.

Webb, Malcom, Owen's College.

Second Class.

Buxton, Dudley Wilmot, University College. } equal

Shaw, Lauriston Elgie, Guy's Hospital.

Fielden, William Eckett, Guy's Hospital.

Scharlieb, Mary Ann Dacomb, Madras Medical College and Royal Free Hospital } equal.

Third Class.

Pratt, Reginald, University College.

Batterham, John Williams, Westminster Hospital.

Dingley, Edward Alfred, University College.

Shove, Edith, London School of Medicine for Women. } equal.

Obstetric Medicine.

First Class.

Scharlieb, Mary Ann Dacomb (Scholarship and Gold Medal), Madras Medical College and Royal Free Hospital.

King, David Alexander (Gold Medal), St. Bartholomew's Hospital.

Honeyburne, Richard, Liverpool Royal Infirmary and University College.

Second Class.

Shove Edith, London School of Medicine for Women.

Dingley, Edward Alfred, University College.

Harris, Thomas, Owens College.

Forensic Medicine.

First Class.

Wilkinson, William Camac (Scholarship and Gold Medal), University College.

Webb, Malcolm (Gold Medal), Owens College.

Maddison, William Thomas, King's College.

Wooldridge, Leonard Charles, Guy's Hospital.

Currie, Oswald James, Guy's Hospital.

Scharlieb, Mary Ann Dacomb, Madras Medical College and Royal Free Hospital.

Second Class.

Dingley, Edward Alfred, University College.

Batterham, John Williams, Westminster Hospital.

Adeney, Edwin Leonard, Guy's Hospital.

King, David Alexander, St. Bartholomew's Hospital.

Vinrace, John Hinks, Queen's College Birmingham and University College.

Third Class.

Honeyburne, Richard, Liverpool Royal Infirmary and University College.

Collingwood, David, University College.

* Obtained the number of marks qualifying for a Gold Medal.

B.S. Examination. Pass List.

First Division.

Collingwood, David, University College.

Pike, Charles James, University College.

Roeckel, Waldemar Joseph, St. Bartholomew's Hospital.

Sutton, Samuel Walter, St. Thomas's Hospital.

Walters, Frederick Rufenacht, St. Thomas's Hospital.

Second Division.

Batterham, John Williams, Westminster Hospital.

Buxton, Dudley Wilmot, University College.

Campbell, Harry, St. Bartholomew's Hospital.

Clarke, Ernest, St. Bartholomew's Hospital.

Dakin, William Radford, Guy's Hospital.

Scharlieb, Mary Ann Dacomb, Madras Medical College, London School of Medicine for Women and Royal Free Hospital.

M.D. Examination. Pass List.

*Buckell, Arthur Edward, University College.

Collins, William Job, B.S., B.Sc., St. Bartholomew's Hospital.

Dalton, Norman, King's College.

Davy, Harry, Guy's Hospital.

Dickinson, Thomas Vincent, St. George's Hospital.

Edwardes, Edward Joshua, St. Mary's Hospital.

Firth, Charles, St. Bartholomew's Hospital.

Gabb, James Percy Alwyne, University College.

Hobson, Lewis Joen, B.S., University College.

MacDonald, Greville Matheson, King's College.

Maguire, Robert, (Gold Medal), Owens College and Manchester Royal Infirmary.

Notley, William John, B.A., Royal Infirmary, Edinburgh.

Paddison, Edmund Howard, Guy's Hospital.

Parkes, Louis Colman, University College.

Penny, Edward, Guy's Hospital.

Petch, Richard, King's College.

Plumbe, Samuel Thomson, St. Bartholomew's Hospital.

Railton, Thomas Carleton, St. Bartholomew's Hospital and Owens College.

*Rake, Beaven Neve, Guy's Hospital.

Routh, Amand Jules McConnel, B.S., University College.

Russell, George Hannah, Guy's Hospital.

Saunders, George James Symes, King's College.

Savill, Thomas Dixon, St. Thomas's Hospital.

Sayer, Mark Feetham, University College.

Squire John Edward, University College.

Stonham, Thomas George, London Hospital.

Suckling, Cornelius William, Queen's College, Birmingham.

Whittle, Edward George, University College.

Logic and Psychology only.

Barnes, George Frederick, St. Bartholomew's Hospital.

Buckley, Samuel, Manchester Royal School of Medicine.

Hayward, John Davey, University College.

Neale, William Henry, B.S., University College.

Silk, John Frederick William, King's College.

Taylor, Harold Gilbertson, King's College.

* Obtained the number of marks qualifying for the Medal.

M.S. Examination. Pass List.

Ballance, Charles Alfred (Gold Medal), St. Thomas's Hospital.

Collier, Mark Purcell Mayo, St. Thomas's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 14th, 1882.

Buckley, Thomas William, Betley, near Crewe.

Canton, Herbert, 339, Camden Road, N.W.

Dodd, Henry Work, Hilldrop Crescent, Camberwell.

Ledlie, Andrew, Belfast.

O'Kane, Michael, Ganloell Road, Camberwell.

Perry, Allan, The Poplar Hospital.

The following gentlemen also on the same day passed the Primary Professional Examination.

Crisp, James Ellis, London Hospital.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following gentlemen passed their final examination for the qualification in Medicine during the sittings in October 1882, and were admitted L.R.C.P.Ed.

Henry Harvey de Mello, Calcutta; Samuel George Thompson, Edinburgh; William Follows, Wolverhampton; Ralph George Heathcote, Manchester; John